

Name of Person Filing Document: \_\_\_\_\_  
Your Address: \_\_\_\_\_  
Your City, State, Zip Code: \_\_\_\_\_  
Your Telephone Number: \_\_\_\_\_  
ATLAS Number (if applicable): \_\_\_\_\_  
Attorney Bar Number (if applicable): \_\_\_\_\_  
Representing ☐ Self (Without a Lawyer) or ☐ Attorney for \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA  
MARICOPA COUNTY**

\_\_\_\_\_  
Petitioner Case Number: \_\_\_\_\_

\_\_\_\_\_  
Respondent **DEPENDENCY PETITION**

\_\_\_\_\_  
Child(ren)'s Name(s)  
Person(s) under the age of 18

**1. INFORMATION ABOUT ME, the Petitioner:**

My Name: \_\_\_\_\_

My Address: \_\_\_\_\_

My Telephone Number: \_\_\_\_\_  
Home Work Message

My relationship to the child(ren): \_\_\_\_\_  
I am a fit and proper person to care for the child(ren).

**2. INFORMATION ABOUT THE CHILD(REN):**

| Child's Name | Birthdate | Sex   | Address |
|--------------|-----------|-------|---------|
| _____        | _____     | _____ | _____   |
| _____        | _____     | _____ | _____   |
| _____        | _____     | _____ | _____   |
| _____        | _____     | _____ | _____   |

**3. INFORMATION ABOUT THE PARENTS OR CURRENT LEGAL GUARDIANS OF THE CHILD(REN):**

Name:

Relationship to Child:

Address:

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**4. CHILD'S CURRENT LIVING ARRANGEMENT.**

A. The child(ren) is/are currently living with:

Name:

Relationship to Child:

Address:

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B. The child(ren) has/have been living there since (give approximate date): \_\_\_\_\_

C. The child is now living in the State of Arizona, Maricopa County. ☐ Yes or ☐ No.

**5. CHILD IS DEPENDENT.** The Petitioner believes the child(ren) is/are dependent within the provisions of ARS 8-201.11, in that the child(ren) is/are in need of proper and effective parental care and control and has no parent or guardian willing to exercise or capable of exercising such care and control, or whose home is unfit by reason of abuse, neglect, cruelty, or depravity, as stated below:

A. The mother is unable or incapable of providing care for the child for the following reasons **(provide specifics)**:

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B. The father is unable or incapable of providing care for the child for the following reasons **(provide specifics)**:

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- 6. PERSONS WITH KNOWLEDGE ABOUT THE ALLEGATIONS.** The following persons can be contacted concerning the above allegations:

| Name  | Address | Telephone | Relationship |
|-------|---------|-----------|--------------|
| _____ | _____   | _____     | _____        |
| _____ | _____   | _____     | _____        |
| _____ | _____   | _____     | _____        |
| _____ | _____   | _____     | _____        |

- 7. DOCUMENTS.** Attached are the following documents which support the statements made:

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

D. \_\_\_\_\_

E. \_\_\_\_\_

**RELIEF REQUESTED:** This is what I want the court to do:

- A. Based upon the foregoing allegations, immediate action is required and therefore the child(ren) should be made a temporary ward of the Court committed to the care, custody, and control of the Arizona Department of Economic Security with temporary physical custody to be placed in the Petitioner(s) who should be authorized to sign for medical treatment. The Arizona Department of Economic Security may be authorized to consent for out-of-state travel within the United States for up to thirty days.
- B. The parents should be ordered to pay a reasonable sum to the Arizona Department of Economic Security for the care, maintenance, and support of the child(ren) should the child(ren) be placed in a foster home or institutional care.
- C. That the Court set an initial dependency hearing on this Petition in front of a judicial officer.
- D. Petitioner further requests that, after hearing this matter, this Court adjudicates the child(ren) dependent and this Court enter such judgment and orders for commitment, custody, care and support, or such other relief for the child(ren)'s welfare.

## OATH AND VERIFICATION

I verify that the facts contained in the Petition are true and correct to the best of my information and belief.

\_\_\_\_\_  
Petitioner's Signature

SUBSCRIBED AND SWORN TO before me this date: \_\_\_\_\_  
(Month, Day, Year)

\_\_\_\_\_  
Notary Public

OR

\_\_\_\_\_  
Michael Jeanes, Clerk by: Deputy Clerk

My Commission Expires: